

EA16-002

FLAT CHRYSLER

5-12-2016

ENCLOSURE 04

CAIR Backup





March 13, 2015

[REDACTED]
Livonia, MI [REDACTED]

Re: [REDACTED]

VIN: 2C3CCAGG9EH [REDACTED]

Dear Mr. [REDACTED]

This will further acknowledge contact to Chrysler Group LLC, regarding your 2014 Chrysler 300S.

Mr. [REDACTED] naturally, we were sorry to learn of the incident described to us during the initial contact. However, we have had the opportunity to review the inspection report and must inform you that we are not led to believe that the incident was due to a manufacturing responsibility. Therefore, we must respectfully decline any assistance associated with this incident.

Based on this information, we can only suggest that you refer this matter to your insurance carrier. Should they feel a manufacturing responsibility exists, they have full subrogation rights under the terms of your policy.

Thank you for allowing us the opportunity in reviewing this matter with you.

Sincerely,

Mr. Kon
Special Investigations
586-274-8162

TK/sk

PRIVATE PROPERTY / LOCAL CRASH

Authority: 1949 PA 300, Sec 267.622
 Compliance: Required MSP UD-10E
 Penalty: \$100 and/or 90 days (Rev 11/2006)

External # **00539026** Crash ID **[REDACTED]**

Page 1 of 1
 Incident # **[REDACTED]**

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: **CLOSED**

Reviewer: **HASSELBACH (00110)**

| | | | | | |
|--|---|--|------------------------------|---|--|
| ORI: [REDACTED] | | Department Name WATERFORD PD | | | |
| Crash Date 03/02/2015 | Crash Time 13:24 | No. of Units 2 | Crash Type 4-ANGLE | Special Circumstances <input checked="" type="checkbox"/> None <input type="checkbox"/> Deer <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run <input type="checkbox"/> Fleeing Police | Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile |
| County 63 - OAKLAND | Traffic Control | Relation to Roadway | Special Study | Weather | Area |
| City/Town 21 - WATERFORD TWP | Construction Zone (if applicable) Type | Lane Closed | Actively | Light | Road Condition |
| Total Lanes | Speed Limit | Posted | | | |

| | | | | |
|----------------|-------------------|----------------|--------|-----------------|
| Prefix | Road Name | Road Type | Suffix | Divided Roadway |
| Distance FT | Traffic Way | Access Control | | |
| Prefix | Intersecting Road | Road Type | Suffix | Divided Roadway |

| | | | | | | | | | |
|--|------------------------|---|-------------------------------------|-------------------------------|--|--|--|--------------------------|------------------|
| Unit Number 1 | Unit Known N | State | Driver License Number | Date of Birth (Age) | License Type <input type="checkbox"/> Operator <input type="checkbox"/> Cycle <input type="checkbox"/> Chauffeur <input type="checkbox"/> Farm <input type="checkbox"/> Moped <input type="checkbox"/> Recreation | Endorsements | Sex | Total Occupants | Hazardous Action |
| Unit Type M | Driver Information | | | | Injury | Position | Restraint 9 | Hospital NONE | |
| Driver Condition <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99 | | | | Interlock NO | Ejected | Trapped | Airbag Deployed | Ambulance NONE | |
| Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered Test Type: <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine | | | | Test Results | | Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Test Type: <input type="checkbox"/> Blood <input type="checkbox"/> Urine | Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other | | Citation # |
| Vehicle Registration DEC3696 | State MI | Insurance / Policy # STATE FARM 4076216E2022A | | | Towed To/By | | Special Vehicles 0 | Private Trailer Type | Vehicle Defect |
| VIN 2C3CCAGG9E [REDACTED] | Vehicle Description | Make CHRYSLER | Model 300 | Color BLACK | Year 2014 | Vehicle Type 01-PASSENGER CAR | | | |
| Location of Greatest Damage | First Impact | Extent of Damage 1 | Driveable YES | Vehicle Direction N | Vehicle Use | Action Prior 23-PARKED | | | |
| Sequence of Events (* indicates MOST harmful event) | | | First 11-DOWNHILL RUNAWAY | | Second * 18-PARKED MOTOR VEHICLE | | Third | | Fourth |

| | | | | | | |
|------------|-----------------------|---------------------|-----------------|----------|-----------|-----------|
| PASSENGERS | Passenger Information | Date of Birth (Age) | Sex | Position | Restraint | Hospital |
| | | Injury | Airbag Deployed | Ejected | Trapped | Ambulance |
| | Passenger Information | Date of Birth (Age) | Sex | Position | Restraint | Hospital |
| | | Injury | Airbag Deployed | Ejected | Trapped | Ambulance |
| | Passenger Information | Date of Birth (Age) | Sex | Position | Restraint | Hospital |
| | | Injury | Airbag Deployed | Ejected | Trapped | Ambulance |

| | | | | | | |
|-----------------------|--------------|--|---|---|---|-----------------|
| Carrier Information | | Carrier Source | GVWR | ICCMC | USDOT | MP&C |
| Driver's CDL Type | | Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X | CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other | CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36 | | |
| Intrastate/Intrastate | Vehicle Type | Type & Axle Per Unit First Second Third Fourth | Cargo Body Type | Medical Card | Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill | ID # Class # |

| | |
|--|-------------------|
| Owner Information LIVONIA MI | Owner Information |
|--|-------------------|

| | | |
|---|-----------------------------------|--------|
| Person Advised of Damaged Traffic Control Contact Name Contact Date Contact Time | Damaged Property Owner's Phone | Public |
|---|-----------------------------------|--------|

PRIVATE PROPERTY / LOCAL CRASH

| | | | | | | | | | | |
|---------------|--|------------------------|---|-----------------------|------------------------|--|--|-------------------------|--|------------------|
| UNIT / DRIVER | Unit Number 2 | Unit Known N | State | Driver License Number | Date of Birth (Age) | License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped | Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation | Sex | Total Occupants 0 | Hazardous Action |
| | Unit Type M | Driver Information | | | Injury | Position | Restraint 9 | Hospital NONE | | |
| | Driver Condition <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99 | | | | Interlock NO | Ejected | Trapped | Airbag Deployed | Ambulance NONE | |
| | Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered | | | | Test Results | | Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine | | Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other | |
| | Vehicle Registration | State | Insurance / Policy # UNIVERSAL 341015 | | Towed To/By | | Special Vehicles 0 | Private Trailer Type | Vehicle Defect | |
| | VIN 1GN5CCE00BR | Vehicle Description | Make CHEVROLET | Model TAHOE | Color BROWN | Year 2011 | Vehicle Type 01-PASSENGER CAR | | | |

| | | | | | | | | | |
|-----------------------|--|--------------------------|------------------------------|--------------------------|-------------------------------|-----------------|----------------------------------|-----------|-----------|
| PASSENGERS | Location of Greatest Damage 1 | First Impact 8 | Extent of Damage 3 | Drivesible YES | Vehicle Direction W | Vehicle Use | Action Prior 23-PARKED | | |
| | Sequence of Events First: * 17-MOTOR VEH IN TRANSPORT Second: Third: Fourth: | | | | | | | | |
| | (* indicates MOST harmful event) | | | | | | | | |
| | Passenger Information | | | | Date of Birth (Age) | Sex | Position | Restraint | Hospital |
| | | | | | Injury | Airbag Deployed | Ejected | Trapped | Ambulance |
| | Passenger Information | | | | Date of Birth (Age) | Sex | Position | Restraint | Hospital |
| | | | | Injury | Airbag Deployed | Ejected | Trapped | Ambulance | |
| Passenger Information | | | | Date of Birth (Age) | Sex | Position | Restraint | Hospital | |
| | | | | Injury | Airbag Deployed | Ejected | Trapped | Ambulance | |
| Passenger Information | | | | Date of Birth (Age) | Sex | Position | Restraint | Hospital | |
| | | | | Injury | Airbag Deployed | Ejected | Trapped | Ambulance | |
| Passenger Information | | | | Date of Birth (Age) | Sex | Position | Restraint | Hospital | |
| | | | | Injury | Airbag Deployed | Ejected | Trapped | Ambulance | |

| | | | | | | | | | | |
|-----------|-----------------------|--------------|--|--|-------------------|--|---|--|-------------------|--|
| TRUCK/BUS | Carrier Information | | | | Carrier Source | GVWR | ICCMC | USDOT | MPSC | |
| | | | | | Driver's CDL Type | Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X | CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other | CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36 | | |
| | Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit First Second Third Fourth | | Cargo Body Type | Medical Card | Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill | | ID # Class # | |

| | | | | |
|--------|---|--|-----------------------|--|
| OWNERS | Owner Information | | Owner Information | |
| | CARS4YOU 90 S TELEGRAPH WATERFORD MI 48328 | | (248) 682-2277 | |

| | | | | |
|---------|---------------------|--|---------------------|--|
| WITNESS | Witness Information | | Witness Information | |
| | Age: | | Age: | |

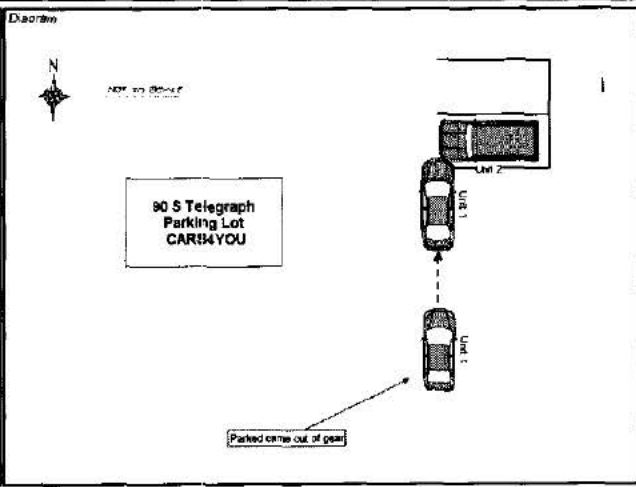
| | | | | |
|------------------------------------|---|---|-------------------------------|-----------|
| Investigated at Scene NO | Reported Date (Time) 03/02/2015 (13:24) | 1st Investigator Name (Badge) OFC. B. HERSHEY (601) | 2nd Investigator Name (Badge) | Photos By |
|------------------------------------|---|---|-------------------------------|-----------|

Narrative

#1 WAS PARKED AND CAME OUT OF GEAR DUE TO MECHANICAL PROBLEMS. #1 ROLLED FORWARD AND HIT PARKED VEHICLE #2.

THERE WERE NO INJURIES.

THERE WAS DAMAGE TO BOTH VEHICLES.











198













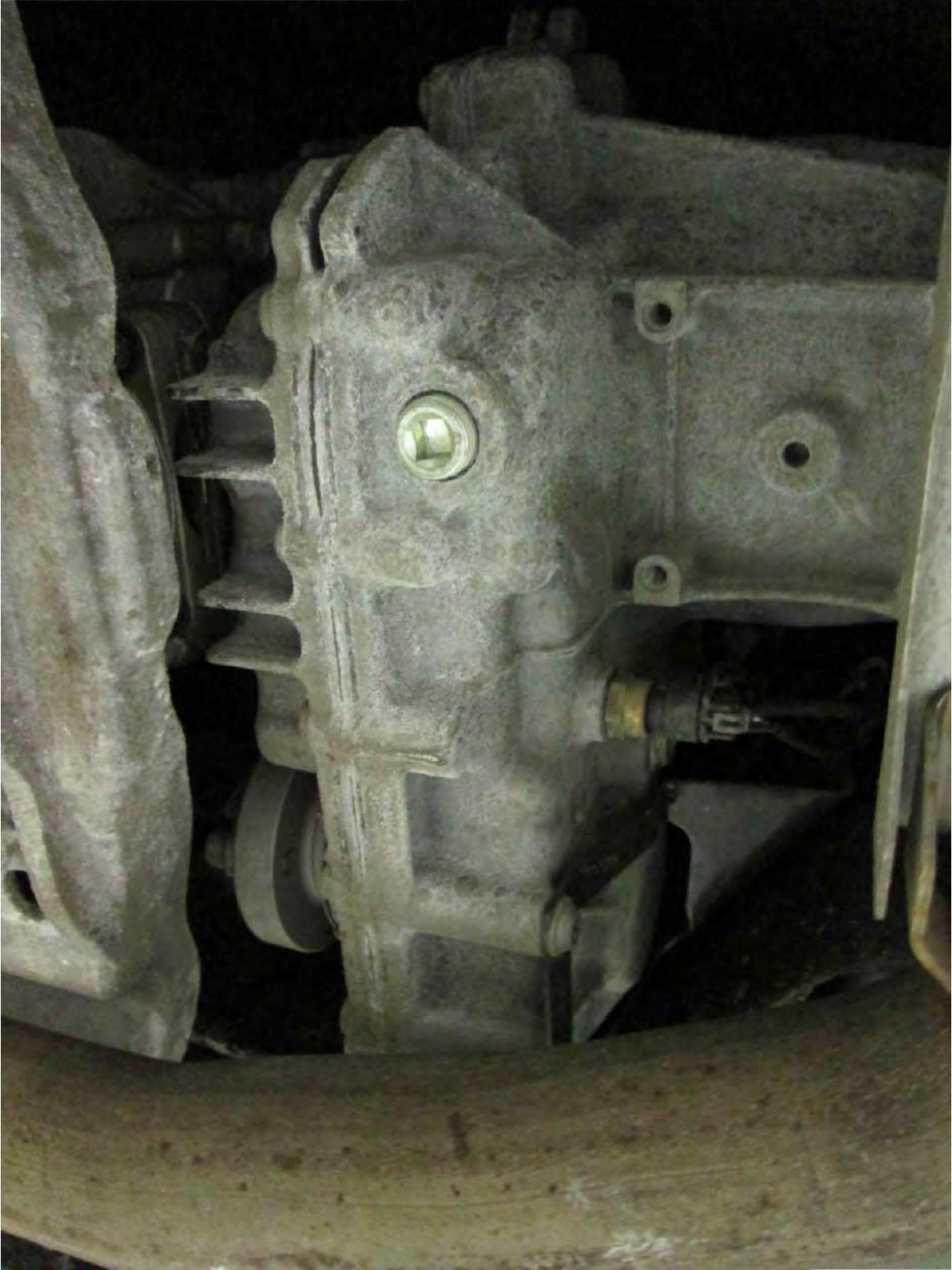




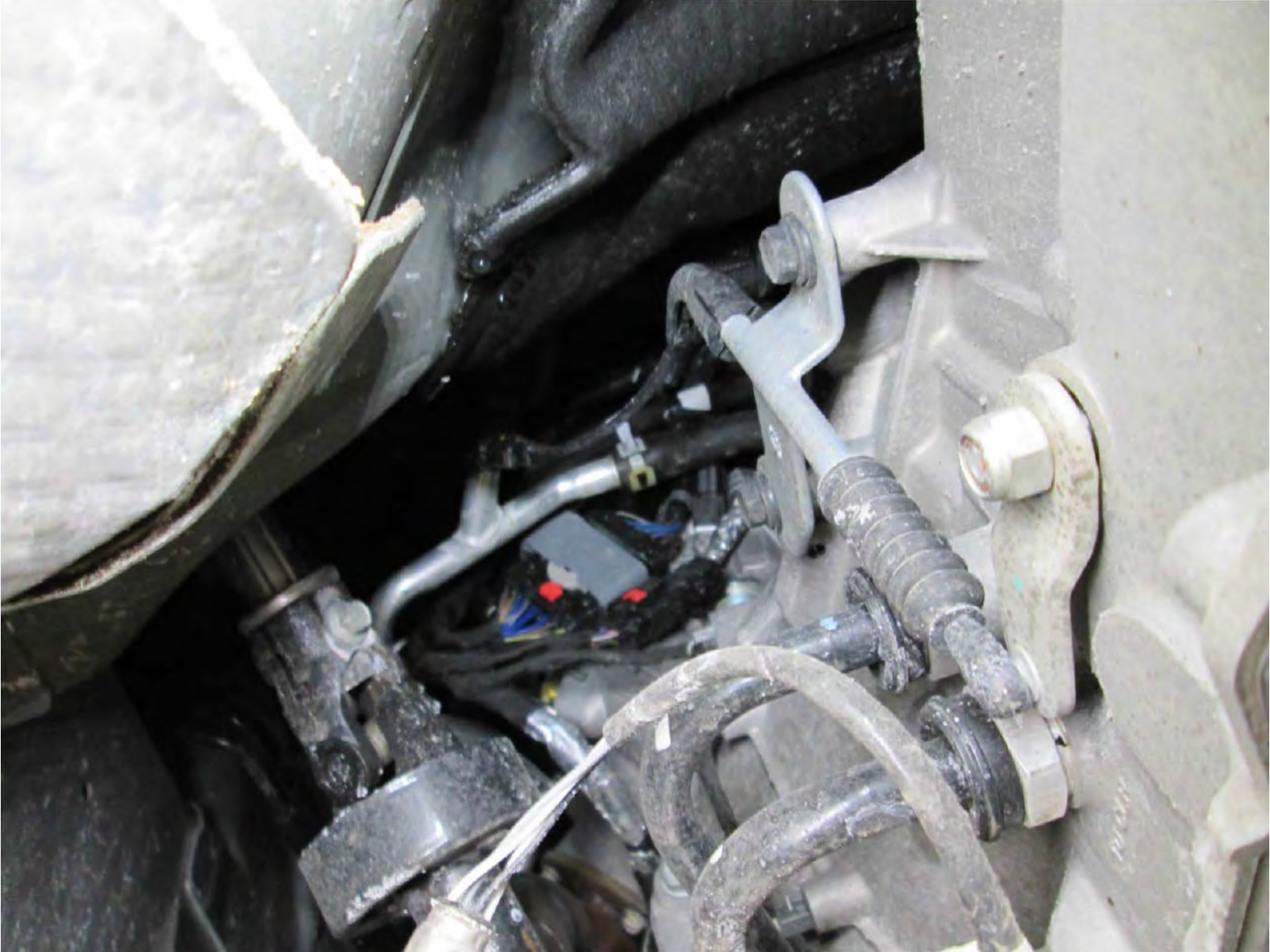




















IPKTK142468518 835

AG

P68214835AG











P
R
N
D/S

0 mph

▶ change to km/h

P

R

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D

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P
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D/S

W 13473mi 16°

Vehicle Speed

0 mph

▶ change to km/h

P
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D
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P

R

N

D/S





P

R

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D/S

0 mph

▶ change to km/h



P
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Vehicle Speed

0 mph

▶ change to km/h



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- 2 +
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Vehicle Speed

0 mph

▶ change to km/h



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- 1 +
S



0 mph

▶ change to km/h



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W 13473mi 16°

Vehicle Speed

0 mph

▶ change to km/h



P
R
N
- 1 +
D



W 13473mi 16°

Vehicle Speed

0 mph

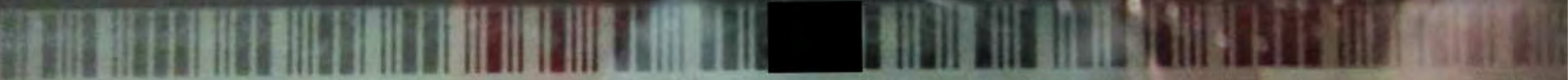
▶ change to km/h



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- 2 +
D



SPORT



203CCAGG9EH



MFD BY CHRYSLER GROUP LLC

DATE OF MFR(BUILT): 5-14

GVWR: 02495 KG

GAWR: 01275 KG

GAWR: 01275 KG

05500 LB

FRONT: 02810 LB

REAR: 02810 LB

THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S.A. FEDERAL MOTOR VEHICLE SAFETY,
BUMPER AND THEFT PREVENTION STANDARDS IN EFFECT ON
THE DATE OF MANUFACTURE SHOWN ABOVE.



VIN: 2C3CCAGG9EH [REDACTED]

TYPE: PASSENGER CAR

MDH: 052721 083AA

PRINT: PAU

TRIM: DLX9

VEHICLE MADE IN CANADA

4658843



VIN: 2C3CCAGG9EH [REDACTED]

TYPE: PASSENGER CAR

MDH: 052721 083AA

PAINT: PAU

TRIM: DLX9

VEHICLE MADE IN CANADA

4658843

MFD BY **CHRYSLER GROUP LLC**

DATE OF MFR(BUILT): 5-14

GVWR: 02495 KG

GAWR: 01275 KG

GAWR: 01275 KG

05500 LB

FRONT: 02810 LB

REAR: 02810 LB

THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S.A. FEDERAL MOTOR VEHICLE SAFETY,
BUMPER AND THEFT PREVENTION STANDARDS IN EFFECT ON
THE DATE OF MANUFACTURE SHOWN ABOVE.

W

13473mi

16°

Start Engine
to shift
into gear

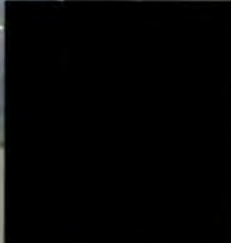
P



















PP 5660654B





A close-up photograph of a metal tool handle. The handle is dark grey or black, with a textured, braided grip section at the top. Below the grip, there is a rectangular metal plate with a stamped part number. The background is blurred, showing some red and yellow colors.

PP 6156774 B



